A CASE ILLUSTRATING THE NATURAL HISTORY OF CATARACT.

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DR. T. L. S., aged eighty-four, became blind from cataract more than twenty years ago. The right eye was operated on by the late Dr. F. I. Bumstead, by the flap method, in 1863, with good result, V. being $\frac{20}{50}$, and he having full use of the eye ever since, without trouble of any kind. The left eye, in which the cataract was untouched, was subject at intervals to attacks of iritis, which subsided under use of atropine, leaving no adhesions. There was no visible change in the condition till sometime in 1881, when he noticed that the vision in left eye began to return. On examination it was found that the opaque lens had disappeared from behind the pupil. It was afterward discovered in the ciliary region below, apparently attached, and very small. There were small floating opacities in the vitreous, and slight filamentous traces of lens capsule in parts of the pupillary space. V. was $\frac{20}{70}$ with $+ \frac{1}{12}$ s. He had been myopic. Proper glasses were prescribed, and he used his eyes freely in reading without trouble for some months. Then he began to have recurrent attacks of iritis which atropine easily controlled, leaving vision as good as before. After a time there appeared a small amber colored, flocculent, movable mass in the anterior chamber, which I thought might be a fragment of the lens that had become detached and floated forward. This seemed to act as an irritant.

December 15th, 1883, he had a severe attack of pain in O. S., to relieve which he used atropine, but this aggravated rather than relieved, as it had always done before. On visiting him, I found the eye affected with acute glaucoma, with great increase of tension, immovable pupil, shallow anterior chamber, some ciliary injection, media hazy, and the patient

prostrated and vomiting from the severity of the pain. The use of a two grain solution of eserine gave prompt and complete relief to all these symptoms for ten days or more, when they returned with violence, and the eserine lost its controlling power, and seemed to aggravate the trouble. A hypodermic injection of morphine resorted to for relief of the excessive pain not only had this effect, but for some days controlled the glaucomatous symptoms, quickly reducing the tension of the eye and clearing up the vision. This agent, however, in turn lost its control, and as the patient's general condition was becoming rapidly impaired by his sufferings, it was decided, on consultation with Dr. Agnew, to remove the eye. This was done February 9th, 1884. The remnant of the lens, very much attenuated, and measuring not more than three and a half millimetres in breadth by one in thickness, was found fastened by very delicate attachments at one edge in the ciliary region below.

DISCUSSION.

DR. GREEN.—I have met with a similar case in an old woman for whom I extracted a cataract seven years ago. She had last winter an attack of acute iritis in the other eye. She recovered, and it was found that vision had improved in this eye. An examination showed the lens below, in the vitreous chamber. Two or three months later she had a second attack of iritis, which yielded to treatment with atropia. She died shortly afterwards. I mention the case as similar to the one of downward dislocation of cataract already reported. There had been no injury so far as could be ascertained.

I saw, about one year ago, an elderly man with a painful eye, in which the ophthalmoscope showed the lens fixed below in the vitreous chamber. He had had several attacks of pain, and vision was not sufficient to be of much value. Although relieved for the time by eserine of the pain, which was glaucomatous in character, he returned a month or two later asking to have the eye enucleated, which was done. After removal of the eye, the lens was found firmly attached with bands, apparently of inflammatory origin. There may have been some pressure on the ciliary region of this eye.

A third case occurs to me in which an elderly gentleman came to me, stating that he had been blind in one eye, and

that he had suddenly lost sight in the other eye. He had been to a physician, who told him that he had detachment of the retina in both eyes. I found a large floating detachment of the retina in the recently good eye. In the other eye, I saw a grey body bobbing up and down, which proved to be the lens. A glass of four inches focus gave vision almost normal. Here had been a lens floating in the vitreous chamber for years, and giving rise to no inconvenience. I have had this case under observation for eight years. Vision is still good, although the lens is lying loose in the vitreous, and on shaking the head, it sometimes becomes visible.

I mention these cases to show that these dislocations can hardly be considered to be very rare. In none of these cases was there a history of a blow or concussion to account for the accident.

MYXO-SARCOMA OF THE ORBIT.

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ON May 11th, 1883, Katie M., aged four months, was brought to Wills' Eye Hospital, with a prominent right eye, which the mother stated had begun to swell when the child was about two months old. This swelling first appeared in the upper lid, and was attributed to the child having stuck its finger in the eye. This lasted for almost three weeks, when the eye began to swell again, for which it was leeched; the blood flowing for several hours in such quantity as to alarm the parents.

When first seen, the upper eyelid was tightly stretched as a vascular and bluish-red membrane over the protruding globe. Upon lifting the lid, the clear cornea was visible, though almost hidden by a chemosed and swollen conjunctiva. Palpation revealed that the eyeball was surrounded by a fluctuating mass, mostly occupying the superior portion of the orbital cavity, and displacing the globe downwards. An incision was made through the upper lid, which caused the evacuation of a quantity of dark grumous blood, and a soft,